

**ASESSIPPI Slope Style
Registration Form**



BIB # _____

Sex: m / f

Name: _____
First/Last

Birth date: ___ / ___ / ___ (d/m/y)

Address: _____ City: _____

Postal Code: _____ Phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Sponsors: _____

AS A COMPETITOR IN THESE EVENTS, I AGREE TO FOLLOW ALL INSTRUCTIONS ISSUED BY ALL OFFICIALS OR BY MEANS OF ANNOUNCEMENTS, ALSO TO WEAR THE ISSUES BIB IN FULL VIEW, OVER TOP OF ALL OUTER CLOTHING AT ALL TIMES DURING ALL ACTIVITIES ON THE SET RACE COURSE AND OR HALF PIPE, SLOPE STYLE, RAIL JAM OR BOARDER X COURSE, AND UNDERSTAND FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION FROM THESE EVENTS, AND TO RETURN THE COMPETITORS BIB THE DAY OF THE EVENT.

NO ALCOHOLIC BEVERAGES OR DRUGS PERMITTED AT EVENTS: INTIAL _____

Saturday, March 27, 2010
Slope Style \$15.00

For more info call (204) 564-2000, E-mail: shannon@asessippi.com Fax: (204) 564-2179